

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-008367

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2178

STATE FILE NUMBER

FILED MAR 14 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

HOSPITAL OR INSTITUTION E/R To City Hospital

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

St. Louis

d. STREET ADDRESS

1719 R S. 8th St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Mary

Ellen

Brinkman

## 4. DATE OF DEATH

Month

Day

Year

FEB

25

1963

## 5. SEX

Female

## 6. COLOR OR RACE

Cau.

## 7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

8-10-1924

## 9. AGE (last birthday)

38

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Thomas Smith

## 13b. MOTHER'S MAIDEN NAME

Virginia Wagner

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

## 17. INFORMANT

37

Mr. Thomas Smith 1719 R S. 8th St.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Cirrhosis of the liver

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

581.0

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 830 P to and last saw her alive on m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

McLaughlin 2301 Lafayette Ave. St. Louis 4 Mo.

FEB. 27. 1963

Paul Smith. M.D.

USE BLACK INK.  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.